CLASSIFICATION QUESTIONNAIRE			1. AGENCY NAME			2. POSITION NO.		
S.F. 570 (Rev. 5/85)  3. EMPLOYEE'S NAME (Last, First, Initial) PHONE NO			4. SUBMITTED BY 5. POSITIO			5. POSITION ACTION	DSITION ACTION NO.	
	,			[] AGENCY	[] EN	MPLOYEE		
6. DIVISION/INSTITU	TION/SECTION/UNIT		MAIL STOP	7. SUBMITTED FOR			п	
8. IMMEDIATE SUPE	RVISOR'S NAME		PHONE NO.	UPDATE  IMMEDIATE SUPE		ALLOCATION L	ESTABLISHMENT	OTHER
6. IIVIIVIEDIATE SOFEI	IN ISON S NAME		FIIONE NO.	IIVIIVILDIATE SOFE	INVISOR	CO CLASS TITLE		
9. PRESENT CLASS T	ITLE		CLASS CODE	PROPOSED CLASS TITLE			CLASS CODE	
40 WORKING TITLE	W 197 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						01 400 0005	
10. WORKING TITLE (If different than class title)  LPN Outreach Nurse			14. CLASS TITLE			CLASS CODE		
11. EMPLOYMENT, With Dept. WITH PRESENT DUTIES			12. HRS OF	15. EFFECTIVE DATE 16. WORK WEEK DESIGNATION			17. PAY RANGE	
YEARS MONTHS YEARS MONTHS		WORK M-F, 8-5						
13. LOCATION OF EM	MPLOYMENT		101-1 , 0-3	18. AUDITED BY		19. DATE	20. REVIEWED BY	21. DATE
Yakima, W	/A							
22. % OF TIME		TATEMENT OF DUTIES						
[] DAY [] WK [] MO. [x] YR		NS CAREFULLY BEFORE COMF S WHICH OCCUPY MOST OF YO			SPONS	IBLE DUTY.		
n mer py m								
	<b>ESSENTIA</b>	L FUNCTIONS						
	Incumbent	provides Bilingu	ıal health c	are informa	ation	n and referra	I services to	
	the migran	t workers popula	ation					
25%	•	al incumbent provi						
		oulations in Easter	•			•		
	•	incumbent to wo	•			•		
	•	communication sk		•				
		munications in Eng	•					
		vith the public and		•		•	•	
		aking. Productivity ing of diverse cult	•			• .		
		effectively in Spar	• •					
		as set forth by the		•				
		umbent to travel f				•	•	
		nditions. Person m		-	-	-		
		alth and safety iss		ig to work ii	CITY	morninents wi	iii a bioaa	
	l range or not	ann and barbty loc	,400.					
	* Must comply with internal policy and procedures governing work place conduct.							
	iviust com	pıy with internal po	olicy and pro	oceaures go	overr	ning work pla	ce conduct.	
[]-Original Copy	r 1	-Cony Agency Head-	[]-Copy Fi	ald		11-Copy for Employee	Π- <sub>Cop</sub>	for Direct Moil to the

Original Copy Department of Personnel	Copy Agency Head-Quarters Personnel Office	Copy Field Office of Originator	Copy for Employee	Copy for Direct Mail to the Department of Personnel

	EMPLOYEE'S STATEMENT (Cont'd.)		
24. EMPLOYEES WITHIN THE AGENCY WHOSE DUTIES ARE THE SAME (Na	CLASSIFICATION TITLE	WORKING TITLE	
A.			
В.			
C.			
25. UNITS SUPERVISED (if applicable), NO. OF EMPLOYEES IN	EACH, ALSO ATTACH 8-1/2" x 11" ORGANIZATION CHART		
26. SUBORDINATE EMPLOYEES REPORTING DIRECTLY TO TH	IS POSITION-HIGHEST PAY RANGE FIRST.		
NAME OR NUMBER	CLASSIFICATION TITLE	WORKING TITLE	
A.			
В.			
C.			
D.			
N/A	AL EMPLOYEES REPORTING DIRECTLY TO THIS POSITION		
27. OFFICE MACHINES, EQUIPMENT, TOOLS, MOTOR VEHICL	ES, ETC. OPERATED ON JOB, PERCENT OF TIME		
Typical tools used include comput	er, typewriter, copier, FAX, printer, tel	lephone, and pe	ersonal vehicle
28. ADDITIONAL COMPENSATION (ROOM, BOARD, LAUNDRY			
26. ADDITIONAL COMPENSATION (ROOM, BOARD, LAUNDRY	, CLOTHES, ETC.) RECEIVED IN ADDITION TO CASH SALART		
	29. SIGNATURE OF EMPLOYEE		30. DATE
I CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE MY OWN AND			
ARE ACCURATE AND COMPLETE.	IMMEDIATE SUPERVISOR'S STATEMENT		
31. [] AGREE [] DISAGREE WITH EMPLOYEE'S STATEMENTS			
32.    AGREE    DISAGREE WITH EMPLOYEE'S STATEMENT A	AS TO MOST RESPONSIBLE DLITY (ITEM 23). EXPLAIN		
oz. [[/ottez   [bio/ottez will zim zorezoo//tement/	to the moot read arranged both (item 20). Ext 2 int.		
33. SUPERVISION REQUIRED BY POSITION	TLE-EMPLOYEE RESPONSIBLE FOR DEVISING OWN WORK ME	THODS TIOTHER EVE	AIN ITEM CHECKED
	credentials as set forth by national C		LAIN ITEM CHECKED.
	ON [x] SOME COLLEGE, NO. OF YEARS REQ'D [] COLLEGE GI	RADUATION [] GRADUAT	E STUDY DEGREE (KIND)
MAJOR			
35. EXPERIENCE REQUIRED BY POSITION (KIND AND LENGT	LLOE TIME)		
3 years LPN Nursing experience	HOF TIME)		
c yours in the oning expension			
36. SPECIAL KNOWLEDGE, SKILLS, LANGUAGE, LICENSE, CEI	RTIFICATE, ETC. REQUIRED BY POSITION		
Nursing License Certification Leve	III, Valid WSDL, Auto Insurance		
37. SIGNATURE OF IMMEDIATE SUPERVISOR	38. TITLE	39. DATE	
	DEPARTMENT HEAD'S STATEMENT		
40. COMMENTS AS TO ACCURACY AND COMPLETENESS OF (Attach Additional Sheets if Necessary)	STATEMENTS BY EMPLOYEE AND IMMEDIATE SUPERVISOR.		
(Attach Additional Offices if Necessary)			
41. [X] AGREE [] DISAGREE WITH STATEMENTS IN ITEMS 34,	35 AND 36. COMMENT		
42. SIGNATURE OF DEPARTMENT HEAD OR DESIGNEE	43. TITLE	AA DATE	
42. SIGNATURE OF DEPARTIMENT HEAD OR DESIGNEE	40. IIILE	44. DATE	